	DATEA	T A DD	a a 18	So, no per	soot en	required to re	spond (9 8 collecti	n eng li On of inf	rédérne: Dimeters	t Office	: U S.	DEPART	MENT	OF COLLU
	PAIEN	II APP	LICA S	TION F ubalitute	EE D lor For	ETERMINA m PTO-875	ATIO	RECO	ORD		UTUES	Appl	calign or C	OCK of	Number
	APP	LICATIO		FILED		•	CHEC	We Dece	mber 8.	2004			2/600	06	93
505		(Column 1)			(Column 2)			SMALL ENTITY				OR.	OTHER THAN SMALL ENTITY		
BASIC FEE (37 CFR 1 16(e)	NUMBER FILED			NUMBER EXTRA			RATE (S) FE		FEE	a).		RATE (\$)		T	
SEARCH FEE (37 CFR 1 16(N.	NA			N/A N/A			N/	130				NUA		300.00	
EXAMINATION FEE (37 CFR 1 18(0), (p), or (q))		N/A.			N/A		-				\$250		N/A		\$500
TOTAL CLAIMS (37.CFR 1 16(1))								N/A					: N/A		\$200
INDEPENDENT CLAIMS (37 CFR 1 16(N))		minus 20			1			X\$ 25 X100				OR	X\$50	•	
UPPLICATION:	If the specification and			MIMED	gs exceed 10	0	7100	+	· .	_		X200	•		
EE 37 CFR 1 16(4))	sheets of paper, the apples \$250 (\$125 for small and dilional 50 sheets or find \$5 U.S.C. 41(a)(1)(G) are			entity) for each		•			•						
ULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1 16(1))							7	+180=	-	·	\dashv	ŀ	+360+		
il the difference in column 1 is less than zero, enter "O" in column 2.							L	TOTAL	+		-	L			
	PPLICAT							·	<u> </u>		٠,		TOTAL	L	
		/mn 1)			lumn 2)	,					_	,		. 	_
CLAIMS HIGHEST							ר ר	SMAL	LL ENT	ITY	¬ (OR 	OTI-	LL EN	HAN
	AMEN		TER DMENT		NUMBER PRESENT PREVIOUSLY EXTRA PAID FOR		\parallel	RATE (\$)		ADDI- IONAL EE (\$)			RATE (\$)		- ADDI- TIONAL
Independent	1:1:	2	Minus	1 2	0	-		\$ 25	•	/	V OR	Ix	\$50	\mathcal{X}	FEE (1)
Total G7 cra Ling findependent G7 crr Ling Application Size Fee (37		CFR 1 16			5	1 -	112	(100 -			OR	1	200/	+	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.160)							+	400	1	/_				上	
(κ τ. τοψ)	<i>」</i>	180=	1-6		OR		360=	1	
	(Calun	m 1)		(Calu	ma 2)		. AC	DO'L FEE	<u></u>		O R	AD	TAL D'L FEE		
	REMA	MS NING		HIGH	ST	(Column 3)		•	т —					·	
Total	AMEND	ER. MENT		PREVIO PAID F	USLY	PRESENT EXTRA	F	ATE (\$)	AD TION FEE	VAL		R	ATE (\$)	1 7	ADOI- IONAL
ndependent	 		Minus Minus	•••			X	25 .			OR	XS!	50 .	· F	EE (t)
D7 CFR 1.100.11 Application Siz	o Fee (37 (Į.		<u> </u>		-	X	0.0			OR -	X20		-	
FIRST PRESENT				NT CLAIM	D7 CER	1 1001	-							-	
			-				101	80=		-	OR		60≈		
If the entry in co If the "Highest I The "Highest N	olumn 1 is i Yumber Pre	oss (han th viously Po	e entry i	in column :	2, write *	O' in column 3.	ADD	LFEE			O R	ADD'			
the "Highest N he "Highest No	iumber Pre	Nously Pai	d For II	THIS SP	ACE IS I	loss then 20, en ass than 3, ente)("3".							.•	7
o process) and	nation is re	quired by :	7 CFR	1.16. The	Informa) is the highest ition is required 5.C. 122 and 31	number to obta	tound in the	e appro	priate bo	x in co	lumn 1	-		

auding gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments to reducing this burden, should be sent to the Chief Infermation Officer, U.S. Department of Commence, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS DRESS. SEND TO: Comments for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.